State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Leafwood Water Assoc. PWS ID# 41 00993

Month/Year: 3 /26 Entry Point: Source A/Well Required Minimum Residual: .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:10	am	.4	
2	2:10	pm	.4	
3				
4	5:00	pm		
5	2:30	pm		
6	10:30	am		
7	3:00	pm		
8	2:30	pm		
9	12:30	pm		
10	1:00	pm		
11	1:30	pm		
12				
13	8:30	Am		
14	2:30	Pm		
15	2:00	pm		
16	2:30	pm		
17	2:30	pm		
18	2:30	pm		
19	2:00	pm		
20	6:30	pm		
21	7:00	Am		
22	5:00	Am		
23	12:00	Am		
24	5:00	pm		
25	3:00	pm		
26	2:30	pm		
27	3:30	pm		
28	7:00	Am		
29	2:00	pm		
30	2:00	pm		
31	10:00	Am		

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Margaret Gilgel Title: _____

Signature: Margaret Gilgel Phone #: 541 936 1309

Date: 4/1/26

Operator Certification #: N/A

OR

Small Groundwater System ☐